



AGING AND ADULT SERVICES ADMINISTRATION  
**INDIVIDUAL PROVIDER TIME SHEET**

CLIENT/EMPLOYER NAME					INDIVIDUAL PROVIDER'S NAME							MONTH			YEAR		
Day of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
A	TIME SERVICE BEGAN																
B	TIME SERVICE ENDED																
C	TOTAL HOURS EACH DAY																
D	MILEAGE																
Day of Month		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTALS
A	TIME SERVICE BEGAN																
B	TIME SERVICE ENDED																
C	TOTAL HOURS EACH DAY																
D	MILEAGE																
CHECK TASKS PERFORMED DURING MONTH																	
<input type="checkbox"/> Meal Preparation <input type="checkbox"/> Dressing <input type="checkbox"/> Ambulation <input type="checkbox"/> Bathing <input type="checkbox"/> Housework <input type="checkbox"/> Essential Shopping <input type="checkbox"/> Eating <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Transfer <input type="checkbox"/> Toileting <input type="checkbox"/> Wood Supply <input type="checkbox"/> Positioning <input type="checkbox"/> Body Care <input type="checkbox"/> Self Medication <input type="checkbox"/> Laundry <input type="checkbox"/> Transport to Medical																	
INSTRUCTIONS																	
A. Enter time service began – indicate AM or PM as appropriate.      C. Enter total hours worked each day. B. Enter time service ended – indicate AM or PM as appropriate.      D. Mileage: All miles traveled transporting or shopping for a client when authorized per SSPS. <b>DO NOT send these time sheets to Case Managers. Keep completed time sheets in our records for two (2) years. Copies will be requested by Case Managers at the time of reassessment.</b>																	
CLIENT'S SIGNATURE									INDIVIDUAL PROVIDER'S SIGNATURE								